

**REGISTRATION REQUIREMENTS  
FOR**

**Registered  
Child Care Family  
Homes**

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## **Registration Requirements for**

# **Registered Child Care Family Homes**

## **100 DEPARTMENT RESPONSIBILITY**

### **101 Responsibilities and Requirements**

1. The Division of Child Care and Early Childhood Education (referred to hereafter as the Division) under the Department of Human Services is directly responsible for the inspection and evaluation of all Registered Homes.
2. The Division has the power to establish rules, regulations, and standards for licensing/registration and operation of child care facilities. This includes all powers with respect to granting, revocation, denial, and suspension of licenses and registrations. Information regarding the appeal process is available upon request.
3. The owner should be aware of any applicable city or county zoning ordinances or codes or neighborhood covenants which may limit the number of children in care or impose additional safety requirements. The Division will share information on the location and status of registered homes with any city or county that requests this information.
4. The owner should be aware of applicable federal laws that may affect the operation of the facility. Child care programs are among the public accommodations that must comply with the Americans with Disabilities Act (ADA).
5. Under federal civil right laws, a facility may not discriminate on the basis of race, color, sex religion, national origin, physical or mental handicap, or veteran status.
6. The Child Care Licensing Unit will notify the applicable federal agency at any time they become aware of or are advised of violations of the federal Civil Rights Act or the Americans with Disabilities Act.

### **102 General Requirements**

1. To determine a recommendation for registration, the applicant's home shall be reviewed by a Child Care Licensing Specialist to determine that the home is in substantial compliance with the requirements.
2. Substantial Compliance means compliance with all essential standards necessary to protect the health, safety and welfare of the children attending the registered home. Essential standards include but are not limited to those relating to issues involving fire, health, safety, nutrition, and behavior management.

### **103 Definition and Application**

There are three (3) types of registered homes as follows:

1. Registered Child Care Family Home: a situation in which five (5) or less children are cared for in the caregiver's own residence or in some other suitable family type residence.
2. Relative Child Care Family Home: a situation in which five (5) or less children are cared for by a relative of the child(ren). The relationship must be that of a grandparent, great-grandparent, aunt, uncle, sibling (residing out of the home). The registered relative may provide the child care either in his/her home or the home of the child(ren). Proof of relationship must be provided. The following must be provided to verify proof of relationship:
  - a. the child(ren)'s birth certificate(s)
  - b. the parent's birth certificate
  - c. marriage license of the parent (if parent's last name has changed)
  - d. marriage license of the caregiver (if last name has changed)
  - e. birth certificate of the caregiver (if the application is for an aunt or uncle)
3. In-Home Child Care Provider: an individual selected by the family to provide the day care to five (5) or less children in the child(ren)'s own home. The In-Home Registration is not valid for child care provided outside the child(ren)'s own home.
4. There shall be no more than one registration issued per home/structure. (This does not apply to situations such as duplexes where two registrations could be issued to two separate applicants.) An individual shall be eligible to hold only one registration, which shall be issued for one specified location.
5. Home with only one caregiver shall limit care to no more than two shifts (18 hours) per 24 hour period. Homes offering 24 hour care shall provide a schedule verifying that they have made provisions for secondary caregiver to provide relief for one shift. (Alternative compliance may be requested by caregivers who provide 24 hour care and who do not have a secondary caregiver. For this request to be approved, consideration will be given to the overall level of compliance with registration requirements and to the number and ages of children in care during the third shift.
6. The holder(s) of the registration shall be the primary caregiver(s) and at least one shall be present and responsible for children during hours of care and shall not be otherwise employed during the hours of care. (If a qualified secondary caregiver is present, the primary caregiver may be absent for reasons related to the operation of the child care business, such as attending required training, and for brief and/or occasional absences relating to personal business or personal time off.)
7. If at any time care is provided to six or more children from more than one family, the law requires the provider to be licensed. The caregiver's own preschool children shall be considered when determining the need for a license or registration. The caregiver's own school age children are not considered when determining the need for a license or

registration. Other children in the home who are not accompanied by a parent are considered as being in care whether pay is received for the care or not.

8. Any home that has not provided care to children for a period of one year shall have the registration closed unless a written request is made by the registrant stating why closure should not take place.
9. The primary caregiver in a Registered Home shall submit the following to complete the application process:
  - a. A completed and signed application provided by the Division, including a diagram of the home indicating rooms to be used by children in care and the location of exit doors.
  - b. A Health Card on applicant, other caregivers and any adult(s) in addition to the caregiver(s) present in the home on a regular basis while children are in care.
  - c. Effective July 1, 2006, verification of city zoning and/or other city requirements, if applicable shall be provided by any new applicants for a registration and by existing home providers requesting an increase in the license capacity. Please be advised that lists of applicants for a home registration will be provided to any city that requests this information.
  - d. A signed Authorization for Release of Confidential Information/Child Maltreatment Central Registry Check Form. Everyone living in the home age 18 and older must complete and sign this form. A check or money order for \$10.00 made out to Central Registry must be attached to each form. Children under age 18 only need to be listed where applicable. This form must be notarized.
  - e. Criminal Record Check Form(s). Everyone in the home age 18 and older must complete a form. A check or money order for \$22.00 payable to the Child Care Provider's Fund must be attached to each form. The form(s) must be notarized.
  - f. The registrant's Social Security Number or TIN (Tax Identification Number) shall be listed on the application. (A TIN number can be obtained by calling 1-900-546-3920 or by sending a SS-4 to the Internal Revenue Service, Memphis, Tennessee 37501. It takes approximately 4 weeks to receive the TIN.)
  - g. A pre-application consultation meeting shall be required for all applicants for a registration prior to the approval of the application. This meeting shall be offered within 30 days of receipt of the application.

## **104 Registration Procedure**

1. Any applicant applying for Registration may contact the local Division Office or Child Care Licensing Specialist to obtain information and/or the necessary application and related forms.
2. A pre-application consultation meeting shall be required for all applicants for registration prior to approval of the application. This meeting shall be offered within thirty (30) days of receipt of the application.
3. Upon receipt of a signed application the Child Care Licensing Specialist shall schedule an appointment to inspect, evaluate, and make a recommendation for consideration of

registration of the Division.

4. The Child Care Licensing Specialist shall make unscheduled visits throughout the year to determine continued compliance of standards and to offer consultation and technical assistance.
5. The registration, as issued, shall apply only to the home's location at the time of registration. The registrant shall notify the Child Care Licensing Specialist's office of any change of location or ownership at which time a new study shall be conducted. Upon issuance of a registration, the registration shall remain in effect as long as compliance is maintained.
6. If the Licensing Specialist finds that an applicant for a registered home meets the registration requirements or has a reasonable expectation of correcting deficiencies within specified time frames, the Child Care Licensing Specialist may recommend a provisional registration to the Division. The provisional registration shall be in effect for a period of time, not to exceed twelve (12) months. This time frame shall be specified in the provisional registration. (The Licensing Specialist has sixty (60) days to submit a recommendation to the Division for a provisional registration.)
7. At the time of a final determination by the Division of revocation or suspension of a registration, the Division shall specify in the letter the period and terms of the action. A revocation of a registration shall be set for no less than one (1) year but may be for a longer term as established by the Division. Related parties shall not be eligible to apply for registration for the same specified period. (Related parties are defined as immediate family members, members of Board of Directors, person or entities associated or affiliated with, or which share common ownership, control, or common board members or which have control of or is controlled by the registrant. An immediate family member is defined as a spouse, step and in-law relationships, a child, a natural or adoptive parent, a sibling, a grandparent, a grandchild or a son or daughter-in-law.) The revocation of a registration places that registration in a null and void status. At the completion of the terms of revocation, homes wishing to be re-registered must submit a new application for registration for review and approval by the Division.

## **105 Appeal of Registration Actions**

1. A registrant or applicant for registration may request to appeal any of the following registration actions:
  - a. Adverse registration actions (revocation of the registration or denial of an application for registration.
  - b. Founded registered complaints
  - c. Cited noncompliance with the published standards
2. An appeal may be initiated on any of the above actions by requesting an appeal in writing to the Licensing Specialist or Licensing Supervisory Staff. Requests to appeal adverse registration actions must be mailed within ten (10) calendar days of the receipt of the notice

of the adverse action. Requests to appeal registration actions, other than adverse, must be mailed within twenty (20) calendar days from receipt of the notification of the action. The request to appeal shall include a statement of the action(s) taken by the Division and the reason(s) the registrant or applicant for registration disagrees with that action. The request to appeal will be reviewed by the Licensing Supervisor and the Licensing Administrator. If the appeal is not resolved to the satisfaction of the registrant or applicant for registration, the matter will be referred to the Child Care Appeal Review Panel for hearing. (Additional information regarding the appeal procedures and the Child Care Appeal Review Panel is available on request.)

## **106 Alternative Compliance**

1. The Division may grant alternative compliance with the Minimum Standards Required for Registered Child Care Homes, if the Division determines that the alternative form of compliance offers equal protection of health, safety and welfare to children and meets the basic intent of the requirements for which the alternative compliance is sought.
2. The Division shall consider all requests for alternative compliance with the Registration requirements except those requirements which are enforced by the Department of Health, Local Fire Marshall or State Fire Marshall's Office.
3. To request alternative compliance, the following procedures shall be initiated by the person responsible for the operation of the facility:
  - a. The applicant/registant shall submit the request for alternative compliance in writing.
  - b. The request shall include:
    - The specific standard for which alternative compliance is sought.
    - An explanation of how the alternative compliance is equal to, or exceeds, the requirement.
    - Full justification and description of what the alternative compliance method will be and the method by which the facility will carry out this plan to be able to continue to provide for the health, safety, and welfare of children as intended by the requirement.
    - The applicant/registant shall provide clear and supportive evidence, and upon request of the Division, an expert's opinion of the effects of the health, safety and welfare of children and how it will protect through the alternative means of compliance.
4. A separate written request shall be submitted for each requirement for which alternative compliance is sought.

The approved alternative compliance is effective for the duration of the registration, unless a shorter time frame is requested or approved.

5. The granting of alternative compliance for a requirement shall in no way constitute a precedent. If an alternative means of complying with the requirement is granted by the Division and the facility fails to implement satisfactorily this alternative means, the original



requirement for which alternative compliance was sought shall become immediately enforceable.

6. The Division shall have the right to obtain an expert opinion to corroborate that provided by the applicant/registrant.
7. The Division reserves the right to deny requests for alternative compliance when it finds that such request does not adequately protect the health, safety and welfare of children and does not meet the intent of the requirement.
8. All requests for alternative compliance shall be answered in writing by the Division.

### **107 Registration Investigations**

1. Child Care Licensing staff shall have access to Registered Homes for the purpose of conducting inspections, reviews, and complaint investigations. **Denial of access to the home or denial of the right to interview children in care or other individuals present during hours of care may result in adverse action against the registration.**

### **108 Child Maltreatment Checks**

1. The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check: (A check or money order for \$10.00, payable to Department of Human Services, must be attached to each notarized form.)

|   |   |
|---|---|
| a. Each applicant   | At application and every two years thereafter                           |
| b. All household members who are at least 18 years of age       | At application, upon residency, and every two years thereafter          |
| c. Employees and applicants for employment in a registered home | At application or within 10 days of hire and every two years thereafter |
| d. All volunteers who have access to children in the home       | At application and every two years thereafter                           |
2. The Division has the authority to review and consider each true (founded) report of child maltreatment received from the Central Registry. The Division shall retain the authority to deny the applicant or revoke the registration.
3. All caregiver(s) are mandated reporters under the Child Abuse law. The caregiver shall notify the Child Maltreatment Hot Line number at 1-800-482-5964 when there is reason to believe that a child has been abused or neglected. (AR Code Annotated 12-12-501 et seq.) **(Clarification-** These reports of child maltreatment shall include all allegations made to the registrant by parents, staff members or the general public. The registrant should call the Child Care Licensing Specialist for guidance if there is any question about whether or not the

Hot Line should be called regarding any situation where potential child maltreatment is involved.)

4. If a complaint of child maltreatment is filed against any registrant or persons in the home, the Child Care Licensing Unit shall evaluate the risk to children and determine the suitability of the persons to supervise, be left alone with children or remain in the home during hours of care until the allegations have been determined true or unsubstantiated.
5. The Registered Child Care Family Home operator, any employees or other persons in the home who have had a true report of child maltreatment shall follow the corrective action plan approved by the Child Care Licensing Unit. Corrective action measures may vary from relevant training to reassignment or termination. Failure to comply with corrective action plans can constitute grounds for adverse action against the registration.

## **109 Criminal Record Checks**

1. The following person shall be required to have their background reviewed through Criminal Records check conducted by the Arkansas State Police: (A check or money order for \$22.00, payable to The Child Care Provider Fund, must be attached to each notarized form.)
  - a. Each applicant At application and every 5 years thereafter
  - b. All household members who are 18 years of age or older At application; upon residency and every 5 years thereafter
  - c. Employees and applicants for employment in a registered home Within 10 days of hire and every 5 years thereafter
  - d. Volunteers who have supervisory/ Disciplinary control over children Within 10 days of hire and every 5 years thereafter
2. No person shall be eligible to be a child care facility owner, operator, or employee, or be present when children are in care, if that person has pleaded guilty, or been found guilty of any of the following offenses:
  01. Capital Murder
  02. 1<sup>st</sup>/2<sup>nd</sup> degree murder
  03. Manslaughter
  04. 1<sup>st</sup>/2<sup>nd</sup> degree battery
  05. Aggravated assault
  06. 1<sup>st</sup> degree terroristic threatening
  07. Kidnapping
  08. 1<sup>st</sup> degree false imprisonment
  09. Permanent detention or restraint
  10. 1<sup>st</sup>/2<sup>nd</sup> degree rape or carnal abuse
  11. 1<sup>st</sup>/2<sup>nd</sup> degree sexual abuse

12. 1<sup>st</sup>/2<sup>nd</sup> degree violation of a minor
  13. Incest
  14. 1<sup>st</sup> degree endangering of a minor
  15. Permitting child abuse
  16. Engaging children in sexually explicit conduct for use in a visual or print medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use a child in sexual performance, by producing, directing or promoting sexual performance by a child
  17. Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above named offenses
  18. Distribution to minors [of any controlled substance]
  19. Manufacture, delivery, or possession with intent to deliver, or manufacture any controlled substance
  20. Carnal abuse in the third degree
  21. Sexual solicitation of a child
  22. Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child
  23. Negligent homicide
  24. Assault in the first degree
  25. Coercion
  26. Sexual misconduct
  27. Public sexual indecency
  28. Indecent exposure
  29. Endangering the welfare of a minor in the second degree
  30. Any felony or misdemeanor involving violence or sexual misconduct
3. Any person who has pled guilty, nolo contendere, or who has been found guilty of any one of the offenses listed above may apply to the Division to demonstrate rehabilitation, if more than five (5) years have passed since the person was convicted and they have completed their sentence (confinement, parole, or probation). The Division is authorized to determine whether rehabilitation is sufficient for the person to be a child care owner, operator or employee

## **200 ADMINISTRATION**

### **201 Administrative Procedures**

1. Parents shall be informed in writing upon enrollment of their child that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)

2. Required records shall be kept and made available to the Child Care Licensing Unit on request.
3. Falsification of any document or the submission of false information to the Child Care Licensing Unit, or any other unit of the Division, may constitute grounds for revocation of the registration. (Falsification means the submission of untrue information, whether by statement or omission.)
4. All applicable health and fire regulations shall be met. (Refer to Regulations 604.1 and 604.2).
5. The registered home shall not care for more than 5 children at any time including their own pre-school children.
6. The caregiver shall provide prudent supervision of the other persons in the Registered Home, and is responsible for the health, welfare, and safety of the children in care.
7. The caregiver shall provide a copy of the list of Kindergarten Readiness skills, prepared by the Arkansas Department of Education, to parents of all three and four year old children enrolled. (Act 825 of 2003) A statement, signed by the parent that they have received a copy of the list, shall be maintained in the child's record.

## **300 PERSONNEL**

### **301 Caregiver Qualifications and Responsibilities**

1. The registered home primary caregiver shall be **18** years or older.
2. The caregiver shall be able to read and write well enough to keep required records.
3. The caregiver shall not be otherwise employed during the time he/she is responsible for children in the home. Employment at other times shall not affect the quality of care given the children.
4. The caregiver shall not use profanity or speak in an abusive manner when children are present. The caregiver shall also cooperate with licensing staff during registration monitor visits.
5. The caregiver shall have a person who would be able to care for the children in the event of an emergency.
6. Newly registered home providers shall attend Family Child Care Provider Training within the first six months of being registered.
7. The registrant shall notify the Licensing Unit within five (5) calendar days of any change in

the person(s) designated as secondary caregivers.

8. The caregiver shall obtain at least 10 hours of training each year in a continuing early childhood education, which is approved by the Division (Act 584 of 1993).

Topics appropriate for continuing early education shall include, but are not limited to the following:

- a. Child growth and development
  - b. Nutrition and food service
  - c. Parent communication and involvement
  - d. Curriculum and curriculum development
  - e. Developmentally appropriate practice and learning environments
  - f. Behavior management
  - g. Emergency care and first aid
  - h. Administration and management of early childhood program
9. The caregiver must be trained infant/child cardiopulmonary resuscitation (CPR). Adult CPR is required only if school-age children are in care. Certification shall be current.
  10. The caregiver shall provide a tuberculin test annually. The caregiver shall be physically and emotionally about to care for children.
  11. Child Care Licensing may require a physician's statement for the caregiver anytime behavioral or physical indicators warrant.
  12. The caregiver shall not engage in behavior that could be viewed as sexual or as dangerous, exploitative or physically harmful to children.
  13. The caregiver shall not consume or be under the influence of illegal drugs. The caregiver shall not consume or be under the influence of alcohol while delivering care. The caregiver shall not consume or be under the influence of medications (prescription or non-prescription), which may impair his/her ability to provide care.
  14. At no time shall children be left unsupervised.
  15. Additional staff provisions shall be made for enrollment of children with disabilities who require individual attention.

### **302 Adults in the Registered Home**

1. The caregiver(s) shall provide a clear statement regarding the presence of any other adults 18 years of age and above who reside in the home. Any adult, residents or visitors shall not present a threat to the safety or welfare of children.
2. A Registered Home shall have additional staff when there are persons in the home who

require constant or routine care.

3. Any adult(s) in addition to the caregiver(s) present in the home on a regular basis, when children are in care, shall provide an annual tuberculin test verifying that the adult is free from TB.

### **303 Supervision**

1. The caregiver shall be responsible for children in care at all times and shall exercise prudent supervision.
2. When a caregiver is not in the same room with children the children shall be frequently observed and the caregiver shall remain close enough to easily hear them.
3. Doors to rooms where children are sleeping or playing within the home shall remain open and sleeping children shall be visually monitored and periodically checked to insure they are breathing normally.
4. The caregiver shall be present on the outdoor play area at all times when any children under the age of five (5) are present. Children ages five (5) and up may use the outdoor play area without the caregiver being present as long as the caregiver visually observes the children at least every five minutes and remains in a section of the home where she (he) can hear and see the children and can reach them quickly in case of an emergency.
5. The caregiver shall not leave children unattended in the kitchen area of the home while any cooking is occurring. Ironing shall not occur in the presence of the children.

## **400 PROGRAM AND ACTIVITIES**

### **401 Program Requirements**

1. There shall be a daily schedule, which includes age-appropriate activities.
2. There shall be an opportunity for a supervised rest period, which shall not be scheduled to exceed two (2) hours.
3. There shall be a total of at least one hour of outdoor play per day in suitable weather. **(Recommended precautions-** When the heat index is forecast to be 90 degrees or above, outdoor play should be scheduled during early morning hours or the length of time spent outdoors should be reduced to avoid heat stress. If outdoor play occurs during the hotter part of the day, children should have shaded areas, an ample supply of water and should be

monitored closely for signs of heat stress. During winter months on days when temperatures are extremely cold, the time scheduled for outdoor play should be reduced or suspended, depending on the temperature and other weather conditions.)

4. Indoor activity equipment shall be adequate for the number and ages of children in the Registered Home to meet their physical and developmental needs.
5. Children shall have a variety of toys, books, and creative materials. This includes equipment for:
  - a. Large muscle activities (such as climbing and running)
  - b. Manipulative activities (things done with the hands)

#### **402 Infant & Toddler Program Requirements**

1. Infants shall be carefully supervised at all times.
2. Stimulation shall be given to infants in a variety of ways.
3. Infants shall be taken outside for a period of time every day, unless prevented by weather or special medical reasons.
4. If a child falls asleep while in a walker, swing, high chair, etc., that child shall be placed in appropriate sleep equipment.
5. Infants and toddlers shall have clean, safe, washable toys. Toys or materials used by younger children shall not be small enough to be swallowed.

#### **403 School Age Children Program Requirements**

1. The school age child shall be provided with a choice of indoor and outdoor activities.
2. A quiet time and a private place with appropriate equipment shall be provided for one-person activities, including resting or homework. A supervised rest period does not apply to school-age children.
3. Permission of parents shall be on file for school age children to leave the Home.
  - a. School age children who leave the Registered Home to participate in classes, clubs, or other activities shall have written permission from the parents naming the activity, time of leaving and returning and method of transportation to the activity.
  - b. Permission for regular activities such as scouting may be given for the entire school term.

#### **404 Evening & Night Care Program Requirements**

Night care is any care provided after midnight.

1. The caregiver shall remain awake at all times children are in care. Alternative compliance may be requested to allow the caregiver to sleep after the children are in bed for the night. For this request to be approved, consideration will be given to the overall level of licensing compliance, the use of motion detectors and/or other alarms to alert the caregiver if the children leave the sleeping area, the ages and number and sex of the children in overnight care and written notification to parents that the caregiver will be sleeping during overnight care.
2. There shall be a plan for evacuating children to safety in case of fire or emergency.
3. Children arriving in the daylight hours shall have outdoor play, weather permitting. Older children shall have time for reading or doing homework during the school year.
4. Evening meals shall be served. The home shall ensure that children spending the night are served breakfast.
5. Drinking water shall be available to children during the night.
6. Bathing facilities shall be available. Hot water shall be available. Children shall not take baths together or share the same bath water. Tubs or showers shall be cleaned after each use. Children shall be given fresh washcloths and towels. Preschool children shall never be left alone when bathing. Privacy shall be ensured for school age children.
7. Children in night care shall be given a bed or cot with mattress or pad and a pillow.
  - a. If linens become soiled, they shall be changed. Protective mattress covers shall be used and washed at least weekly.
  - b. Each child's bed or cot shall have a cover available
  - c. Beds or cots shall be arranged at least one foot apart
8. Homes with only one caregiver shall limit care to no more than two shifts (18 hours) per 24 hour period. Homes offering 24 hour care shall provide a schedule verifying that they have made provisions for a secondary caregiver to provide relief for one shift. (Alternative Compliance may be requested by caregivers who provide 24 hour care and who do not have a secondary caregiver. For this request to be approved, consideration will be given to the overall level of compliance with registration requirements and to the number and ages of children in care during the third shift.

## **500 BEHAVIOR GUIDANCE**

### **501 Behavior Guidance Requirements**

1. Use of behavior guidance shall show that the caregiver understands each child's needs and



shall promote self-discipline and good behavior.

2. Acceptable behavior guidance techniques include:
  - a. Look for appropriate behavior and reinforce the children with praise and encouragement when they are behaving well.
  - b. Remind the children on a daily basis of the rules by using clear positive statements of how they are expected to behave rather than what they are not supposed to do.
  - c. Attempt to ignore minor inappropriate behaviors and concentrate on what the child is doing properly.
  - d. Use brief supervised separation from the group only when the child does not respond to a verbal command which instructs the child as to how he or she is supposed to behave.
  - e. When a misbehaving child begins to behave appropriately, encourage and praise small positive steps rather than waiting until the child has behaved for a long period of time.
  - f. Attend to the children who are behaving appropriately and other children will follow their example in order to obtain your attention.
3. Physical punishment shall not be administered to children.
4. The length of time a child is placed in time-out shall not exceed one minute per year of child's age.
5. The following activities are unacceptable as behavior guidance measures and shall not be used; these include but are not limited to:
  - a. Shaming, humiliating, frightening, physically or mentally harming children
  - b. Labeling children negatively
  - c. Associating punishment with rest, toilet training or illness
  - d. Denying food (lunches or snacks) as punishment or punishing children for not eating
  - e. Restraints (Restraining a child briefly, by holding the child, is allowed when the child's actions place the child and/or others at risk of injury.)
  - f. Harsh treatment
  - g. Washing mouth with soap
  - h. Taping or obstructing child's mouth
  - i. Placing unpleasant or painful tasting substances in mouth, on lips, etc.
  - j. Verbal abuse/abusive language
  - k. Isolation without supervision
  - l. Placing child in dark area
  - m. Inflicting physical pain, hitting, slapping, pinching, pulling hair, kicking, twisting arm, biting or biting back, spitting, swatting, etc.
  - n. Yelling (this does not include a raised voice level to protect a child from the risk of harm).
  - o. Forced physical activity such as running laps, doing push-ups, etc. (this does not include planned physical education activities that are not punitive in nature.)
6. Behavior charts, if used, should be used to encourage positive behavior. Behavior charts

shall record only the child's behavior for the current day and shall not be punitive. (Behavior charts used to record only positive behavior may be maintained on a weekly basis.) The child's age and level of understanding should be considered when using behavior charts.

## **502 Infant & Toddler Behavior Guidance Requirements**

1. Time out shall not be used with children under the age of two (2). The only acceptable form of behavior guidance with infants and toddlers shall be redirection. (Brief separation from the group is acceptable when the child's behavior places the child or others at risk of harm. The child may be placed in a supervised area away from the group or in a crib or playpen while the caregiver attends to the situation. Example: A child who has bitten another child would be removed from the group, briefly, while the caregiver attends to the bitten child.)

## **600 RECORDS**

### **601 Facility Records**

1. All employees, child and home records shall be kept and made available to the Child Care Licensing Unit on request. All required records shall be maintained for 3 years. (This includes records on children no longer enrolled.)
2. Licensing/registration Compliance Form(s) (DCC-521) shall be maintained at the home for 3 years. The caregiver shall advise parents in writing that the compliance forms are available for review upon request.

### **602 Children's Records**

1. Enrollment information shall be obtained for each child before admission. (Sample enrollment forms may be obtained from your Licensing Specialist.)
2. Identifying and Personal Data shall include:
  - a. Child's name, birth date, home address, and telephone number
  - b. Name and addresses of the parents and telephone numbers where the parents can be reached while the child is in care
  - c. Date of enrollment in facility
  - d. Name, address and phone number of person to be contacted if parents cannot be reached
  - e. The caregiver shall provide a written discipline policy to parents, with a copy signed by the parents and retained by the caregiver
3. Medical Records shall include:
  - a. The name, address and telephone number of the child's physician or emergency medical care facility

- b. Pertinent past medical history on the child and any change in health
  - c. Child's unusual food needs such as special formulas, diabetic diet, or food allergies
  - d. Notes of special problems (such as allergies to medication or sunburn sensitivity) or needs as indicated by the parents
  - e. An authorized record of up-to-date immunizations or documentation of a religious or medical exemption from the Arkansas Department of Health. The caregiver shall maintain a roster of children who have not completed the minimum immunization requirements (a current immunization schedule is provided as an insert in this publication)
  - f. Written record of accidents/injuries
4. Permissions and Agreements will be signed by the parents and caregiver(s):
- a. Consent for emergency medical care and transportation for such care which shall accompany children who are transported to and from the home.
  - b. Other transportation permission, if any, including routine and special field trips.
  - c. Permission to participate in water activities, if any.
  - d. Signed statements by the parents stating who is authorized to pick up the child.

### **603 Caregiver Records**

1. Caregiver records shall contain the following:
- a. TB skin test
  - b. Documentation of training for continuing education
  - c. Documentation of the initiation of all required background checks and results obtained

### **604 Home Records**

- 1. Fire department approval, if required by local fire department, state fire code or requested by the Child Care Licensing Unit due to possible hazards.
- 2. Arkansas State Department of Health approval, if applicable
- 3. Record of routine emergency drills, including date, time of day, length of drill and number of children participating
- 4. Pet vaccinations
- 5. Attendance records on all children

## **700 NUTRITION**

### **701 Nutrition Requirements**

1. The registered home shall meet the following:
  - a. All food shall be safe and stored properly to prevent spoiling.
  - b. There shall be a thermometer in the refrigerator that is visible and maintained at 40 degrees or below. Freezer thermometers shall be maintained at 0 degrees or below. All freezers shall be inaccessible to children.
  - c. Food shall not be stored under sinks.
  - d. Food shall be stored in original container or in a closed container.
  - e. Chemical and toxins shall not be stored in food storage area.
  - f. All medicines shall be stored separately from food at all times.
2. All food and drink shall be prepared, distributed and served under sanitary conditions and the following shall be met:
  - a. Caregivers shall wash hands before preparing food.
  - b. There shall be a sink with hot and cold running water.
  - c. Individual drinking glasses or disposable cups shall be provided.
  - d. All counter tops and other food preparation surfaces shall be kept clear of clutter and in a sanitary condition.
  - e. Food left uncovered or handled shall not be reused.
  - f. When dishes are washed by hand, they shall be sanitized with a bleach solution.
  - g. Drinking water and water used for the preparation of formula shall not come from the hot water supply. (Water from hot water systems may contain higher levels of lead and other substances that could be harmful to small children.)
3. Breakfast, if served, lunch and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix A). If sack lunches are utilized, the home shall ensure that these also meet U.S. Department of Agriculture guidelines by supplementing the lunches if necessary. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.
4. Breakfast shall be made available to children who arrive before 7:00am. Breakfast may be served to all children rather than a morning snack, provided there is no more than 3 hours between breakfast and lunch.
5. Midmorning and mid-afternoon snacks shall be provided to all children and shall meet current U.S. Department of Agriculture guidelines.
6. All children in care during hours shall be offered an evening snack. Children in care during evening hours shall be served supper and children spending the night shall be served breakfast (unless provided by parent or school).
7. Children shall not be forced to eat.

## **702 Infant & Toddler Nutrition Requirements**

1. The routine use of baby food, bottles and formula shall be agreed upon by the caregiver and parent (Appendix B). Instructions regarding special needs for food, bottles and formula, such as food allergies, shall be obtained in writing from the parent and followed by the caregiver.
2. Feedings for all children up to twelve (12) months of age shall be documented by the caregiver and available for review by the parent. This documentation shall continue for all children older than twelve (12) months of age who are still being given bottles.
3. Children shall not share the same bottle. A sanitary method of cleaning baby bottles shall be practiced. Baby bottles shall be properly refrigerated.
4. Infant feeding schedules shall be flexible and adapted to each infant's needs.
5. The solid foods fed to an infant shall be determined by the child's parent(s).
6. Infants under six months of age shall be held while being fed. Bottles shall not be propped. Infants six months of age or older shall be held if needed.
7. Infants no longer held for feedings shall either sit in low chairs at low tables or in infant seats with trays, or in high chairs with wide bases and safety straps shall be used.

## **800 BUILDING**

### **801 Building Requirements**

1. The Registered Family Home's building, grounds and equipment shall be clean, kept in good repair, and maintained as needed to protect the health and safety of the children. If the home has sustained structural damage the caregiver shall immediately notify the Child Care Licensing Specialist.
2. The Registered Family Home shall have a working telephone.
3. Light, heating, cooling and ventilation of the home shall be adequate for safety and comfort.
4. Windows and/or doors used for ventilation shall be screened.
5. Manufactured homes, registered as Registered Child Care Family Home shall be tied down and under-pinned as required by the Arkansas Manufactured Home Commission. The Registered Child Care Family Home shall obtain an inspection and approval from the Arkansas Manufactured Home Commission prior to registration.
6. An annual fire approval shall be obtained on all manufactured homes that are registered.

# **900 GROUNDS**

## **901 Ground Requirements**

Recommendation: To provide the safest possible playground environment, you are encouraged to meet Consumer Product Safety Commission's guidelines listed in the "Handbook for Public Playground Safety."

1. The playground shall be fenced or enclosed, if necessary (if close to ponds, traffic, or other hazards.)
2. Children shall be supervised at all times when outdoors by someone at least 18 years of age. (See Regulation 303.4).
3. The play area shall be maintained in good order and free of potentially hazardous items.
4. Playground equipment shall be securely anchored.

# **1000 SLEEPING ARRANGEMENTS**

## **1001 Sleeping Arrangement Requirements**

1. Each child under twelve (12) months of age shall have a separate well-constructed baby bed or play pen with a waterproof mattress or pad which shall be clean, dry, and in good condition. Sheets and covers are required and shall be kept clean and dry. Bassinets shall not be used.
2. Waterbeds shall not be used for sleeping children under the age of two (2) years.
3. The following guidelines shall also be required for cribs:
  - a. Cribs that have end panels with decorative cutout areas shall not be used.
  - b. Mattresses shall fit snugly in the crib. The space between crib and mattress shall measure no more than 1 inch.
  - c. Corner post shall be the same height as end panels.
  - d. End panels shall extend below mattress at the lowest position of the mattress.
  - e. Baby beds shall have slats no greater than  $2\frac{3}{8}$ " apart.
4. Each child twelve (12) months of age or older shall have a cot, bed, pallet, or mat which shall be placed at least one foot apart. Sheets and covers are required. Bedding shall be of washable material and shall be kept clean. If mats or pallets are used on floors, floors shall be clean, warm, dry, and draft free. Any mat or pallet less than two (2) inches thick shall be

placed on carpet.

5. Doors in rooms where children are sleeping shall remain open.
6. Children shall not nap on waterbeds, beanbags, or thick rugs.
7. Playpens or cribs shall not be placed near dangling cords.

**Recommendation-** Care should be taken to insure that loose bedding materials such as pillows, blankets, etc., are kept away from the faces of sleeping infants. Infants should be placed on their backs to sleep unless there is a medical reason not to do so. These precautions are intended to lessen the risk of suffocations and Sudden Infant Death Syndrome.

## **1100 HEALTH**

### **1101 General Health Requirements**

1. The Registered Home shall have an adequate supply of water that meets the standards for drinking water of the Arkansas Health Department. Bottled water is also acceptable. Water shall always be available to the children.
2. Garbage shall be kept in a closed container out of children's reach.
3. All garbage, soiled diapers and trash shall be removed from the home daily and from the grounds at least once a week.
4. The home shall be free of insects and rodents.
5. Waste and sewage disposal and toilets facilities shall be safe and sanitary. The Health Department may be consulted for its recommendation.
6. Smoking should be limited to hours when children are not in care. The registered home shall disclose to parents whether smoking occurs in areas where children are in care.
7. First-aid materials are required and shall be kept out of reach of children. A first aid kit containing medications shall be locked. The first-aid materials shall include:
  - a. Adhesive band-aids (various sizes)
  - b. Scissors
  - c. Sterile gauze squares
  - d. Roll of gauze bandages
  - e. Adhesive tape
  - f. Antiseptic
  - g. Thermometer
  - h. Tweezers
  - i. Disposable gloves

8. There shall be no adult in the home who poses a health risk to children in care.

## **1102 Children's Health**

1. No child shall be admitted who has a contagious or infectious disease. Parents and guardians shall be notified to pick up the child exhibits any of the symptoms listed below:
  - a. Fever: A body temperature of 101 or greater. (Recommendation: Infants, six months of age or under, who have a temperature of 100 or greater, should be excluded from care.)
  - b. Diarrhea: three (3) or more watery stools in a 24-hour period.
  - c. Vomiting: Vomiting on two or more occasions within the past 24-hour period
  - d. Rash: Body rashes, not obviously associated with diapering, heat or allergic reactions to medications
  - e. Sore Throat: if associated with fever or swollen glands in the neck
  - f. Severe Coughing: episodes of coughing which may lead to repeated gagging, vomiting or difficulty breathing
  - g. Pink Eye: pink or red eye(s), which may be swollen with white or yellow discharge; until on antibiotics for 24 hours
  - h. Untreated Scabies, Head Lice or the presence of nits: (Note: may return after the first treatment and removal of nits.)
  - i. Multiple sores inside mouth with drooling: unless health care provider determines the condition is non-infectious
  - j. Ring Worm: of the scalp or skin, may return after evaluation and under treatment by a health care provider
  - k. Impetigo: May return 24 hours after treatment is initiated.
2. Illness in the Registered Home shall be handled to protect all children in care.
3. In case of critical illness or injury, and if the parents cannot be reached, the physician named by the parent shall be called. If necessary, the child shall be taken to the nearest emergency room. Injuries that require the attention of medical personnel shall be reported the parent immediately.
4. In case of critical illness or serious injury that requires the attention of medical personnel, the Child Care Licensing Specialist shall be notified within one business day.
5. The caregiver shall notify the child's parent of significant events that affect the children. This shall include, but not be limited to:
  - a. Cases of serious contagious disease shall be reported to the parents of all the children in care
  - b. Any injury incurred by a child
6. The communicable diseases listed in Appendix C, whether suspected in a child or adult, shall be reported within 24 hours to either the local County Health Unit or the toll free Reporting



System (800-482-8888). Immediate notification is recommended for the following:

- a. Hepatitis
- b. Rash illness (including MEASLES & RUBELLA)
- c. WHOOPING COUGH (Pertussis)
- d. MENINGITIS
- e. MUMPS
- f. Tuberculosis
- g. Salmonellas (including typhoid)
- h. E-Coli

7. Reporting data shall include:

- a. The reporter's name, location and phone number
- b. The name of the disease reported and the onset date
- c. The patient's name, address, phone number, age, sex, and the race (Please spell the patient's name)
- d. The attending physician's name, location, and phone number
- e. Any pertinent clinical and laboratory information used in the diagnosis (Please give the laboratory name)
- f. Any treatment information, if known

8. Within 15 days of enrollment of a child, the Registration Home provider shall verify that the child has been immunized as required by Arkansas Department of Health or the child cannot remain in care. (Arkansas code 20-78-206 as amended by Act 870 of 1997—a current immunization schedule is provided as an insert in this publication)

9. Children shall be protected from overexposure to the sun. Sunscreen shall be used if needed and as directed by the parent. Suntan lotions and/or sunscreens used for infant/toddlers and preschool children shall be kept out of the children's reach and shall be administered only with written parental permission. (A blanket permission may be obtained annually.)

### **1103 Toilet Arrangements**

1. At least one (1) commode and one (1) sink shall be made available for the children's use. Potty chairs may be used by the younger children if emptied, cleaned and disinfected after each use. Potty chairs shall be located in the bathroom only.
2. Toilet tissue shall be located within reach of the children when toileting.
3. Individual cloth towels or paper towels shall be available for each child.
4. Caregiver's and children's hands shall be washed with liquid soap before meals, after toileting, after each diaper change, and as needed.
5. The registered family home shall use a diaper changing surface that is sanitized after each

use.

6. Soiled or wet diapers shall be removed, disposed of properly, and replaced with clean, dry diapers. The caregiver shall insure that children are properly cleaned and dried.
7. The caregiver shall assist children in toilet routine and hygiene practices.
8. The following methods shall not be used in toilet learning:
  - a. Placing the child on toilet or potty chair for prolonged time periods
  - b. Using harsh language
  - c. Punishing or berating in any way for soiling clothing
  - d. Using physical force to place child on a toilet or potty chair against their will
  - e. Leaving child unsupervised on toilet

## **1104 Medications**

1. Prescription medicine shall be in the original container and labeled with the child's name, a recent date, instructions, and the physician's name.
2. All non-prescription medicine (except aspirin substitutes, such as ibuprofen and acetaminophen) shall be labeled with the child's name and dated.
3. All medicines shall be given to a child only with the written permission of the child's parent(s) or guardian.
4. Medicines shall be kept in a locked area. Medicine shall be kept out of the reach of the children when dispensing.
5. Medication shall be disposed of when a child withdraws from care or when the medication is out of date.

## **1105 Phone Numbers Required**

1. The following numbers shall be available in the immediate area of the telephone:
  - a. Ambulance service or emergency medical services
  - b. Police or sheriff's department
  - c. Fire department
  - d. Poison Control Center 1-800-376-4766
  - e. Child Abuse Hotline Number 1-800-482-5964
  - f. The physicians named by the parents
  - g. The Child Care Licensing Central Office number: 501-682-8590 or toll free 1-800-445-3316

- h. Home and business numbers of parents

## **1106 Pets**

1. Pets with which children have contact shall receive vaccinations as required by law. Verification of vaccinations administered by a licensed veterinarian shall be maintained. Any pet that constitutes a threat to the welfare and safety of the children shall be kept in a confined area, which prevents any contact with the children.

## **1200 SAFETY**

### **1201 Safety Requirements**

1. Registered homes shall maintain a log of all child product recall and safety notices issued by the Attorney General's Office and shall post or otherwise make these notices available for parents to review. The holder of the registration shall certify, on an annual basis that these notices have been maintained, reviewed and that any identified items have been removed from the home. Forms for self-certification will be provided by the Licensing Specialist and shall be submitted annually. (Act 1313 of 2001)
2. Electrical outlets shall be guarded. Protective caps, if used, shall be large enough to prevent swallowing.
3. Indoor or outdoor cooling or heating units shall have guards or barriers when necessary. All outdoor electrical boxes, gas lines, and exposed electrical cords shall be enclosed.
4. Stairways shall be well lighted and guarded as needed.
5. Dangerous equipment and/or objects shall be stored away from areas used by the children.
6. All detergent and cleaning supplies shall be kept out of the reach of children. (This does not include hand soap in children's or staff bathroom.) Supplies used for children's activities shall be carefully supervised.
7. All poisonous substances shall be kept in a locked area.
8. Guns shall be unloaded. Guns, other weapons, and ammunition shall be stored in a locked area in the home.
9. Tanks, ponds, swimming pools, open wells, drainage ditches and sewage drainpipes shall be fenced if located within the play area.
10. Home swimming pools shall not be used by children in care unless permission is obtained from Child Care Licensing through an alternative compliance request. This request must include written approval from the Arkansas Department of Health for the use of the pool by

children in care. (Home swimming pools used by children in care are considered semi-private pools by the Department of Health and approval for these pools requires inspection during the construction phase. Obtaining approval for existing pools is usually not possible.)

11. Wading pools shall not be used by children under two years of age. Water sprinklers are acceptable.
12. Alcoholic beverages shall be kept out of reach of children.

## **1202 Fire Requirements**

**(Clarification-Please note that National Fire Safety Code 101 does not allow the use of basements or floors above ground level by children, first grade and younger, unless there is a ground level exit. Waivers or exceptions to this code must be obtained in writing from the State Fire Marshal's Office prior to using these spaces.)**

1. The caregiver shall have a written policy and procedure for fire and tornado drills. All caregivers shall know all emergency plans. Any specific information on area hazards and approved safety procedures, (e.g., Earthquake drills, Nuclear Plant accident evacuation, Toxic Chemical Spill evacuation, etc.) should be obtained from the State Office of Emergency Services.
2. One fire drill **AND** one tornado drill shall be conducted on a monthly basis and documented, noting the date, time of day, number of children, and length of time taken to reach safety.
3. A fire extinguisher with a minimum of 5 lb. ABC rating shall be installed in the kitchen area of the home and shall be properly maintained. Caregivers shall know how to operate the extinguisher.
4. A working smoke detector shall be installed near the kitchen area and in children's sleeping areas.
5. The home shall be maintained to be free from fire hazards at all times. The Child Care Licensing Specialist shall consult with the local Fire Department **or** the State Fire Marshal when it appears hazards exist.
6. The structure and use of the home shall permit easy entry and exit and shall comply with the following:
  - a. A Registered Home with more than one level shall have second exits on all levels used by children.
  - b. A Registered Home shall have at least two exits to the outside located on different sides of the home.
  - c. Doors opening to the outdoors shall be constructed so the children can open them easily from the inside.
  - d. Doors between rooms in the exit route shall not be locked while children are in the home.

- e. Doors and pathways shall be clear of equipment that blocks the movement of children and caregiver(s).
- 7. Wood burning stoves, or gas logs, fireplaces, open flame space heaters, hot water heaters, floor furnaces or other sources of heat shall be guarded and/or vented when necessary for the protection of the children.
- 8. Cooking stoves or ovens shall not be used as a heating source in the home.
- 9. Portable heaters shall not be placed within reach of children and shall be approved UL listed products.
- 10. The providers shall notify the Child Care Licensing Specialist of any fires causing damage to the home. This notification shall be made no later than the end of the following working day.

## **1300 TRANSPORTATION**

### **1301 Transportation Requirements**

- 1. Any person transporting children shall be at least eighteen (18) years of age and have a valid driver's license as required by state law.
- 2. The vehicle shall be licensed, insured and maintained in proper working condition.
- 3. Any child transported in a passenger automobile, van or pick-up truck, who is less than six (6) years old and weighs less than sixty (60) pounds, shall be restrained in a child passenger safety seat. Any child who is at least six (6) years old, or weighs at least sixty (60) pounds, must be restrained by a safety belt or any other approved safety devices. (Act 470 of 2001)
- 4. Loading and unloading of children from vehicles shall be conducted in a safe manner.
- 5. There shall be a seating space and an individual, appropriate restraint system provided for each child being transported.
- 6. Rosters listing the date, names and ages of all children being transported as well as the name of the driver and any other staff member on the vehicle shall be maintained. These rosters shall be used to check children on and off the vehicle when they are picked up and dropped off at home, school, etc. and when they arrive at and leave the registered home. Transportation rosters shall be kept by the facility and available for review for one (1) year.
- 7. To insure that no children are left on the vehicle, the driver or a staff member must walk through the vehicle and physically check each seat before leaving the vehicle. The transportation roster must be signed by the driver, or staff who conducted the walk through inspection, documenting that all children have exited the vehicle.
- 8. To insure that children have safely arrived in the appropriate room, the transportation roster

shall be reviewed by the Director or designee and compared with classroom attendance records. The Director or designee shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle to the classroom.

9. Any vehicles designed or used to transport more than seven (7) passengers and one (1) driver must have approved child safety alarm devices installed. These devices must be properly maintained in working order at all times.

Vehicles in service at licensed facilities prior to July 1, 2005, shall have the alarm installed by a qualified technician or mechanic no later than December 31, 2005. On or after July 1, 2005, all vehicles at newly licensed facilities and newly acquired vehicles at existing facilities shall have a child safety alarm installed before placing the vehicle in service.

The Child Care Licensing Unit shall maintain a list of approved alarm systems.

#### **Clarification---**

- The alarm system shall be installed so that the driver must walk to the very back of the vehicle to reach the switch that deactivates the alarm. Alarm switches installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable.
- The alarm systems may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device manufacturer's recommendations.
- The time delay from activation of the alarm until the alarm sounds shall be no longer than one minute. **Any of the following three options are acceptable to meet the intent of Act 1979 when children are being delivered at the facility. Other options must be approved by the Licensing Unit.**

#### **Options:**

1. Unload all of the children, walk through the vehicle to ensure that no children remain on board and deactivate the alarm. (This option will only work if you are able to unload all children in less than one minute.)
2. Upon arrival, have one staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch at the back of the vehicle until all children have been unloaded to ensure that no child is left on board. (This option will require at least two staff members, one to supervise the children and one to remain inside the vehicle.)
3. Upon arrival, deactivate the alarm and unload the children. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

## **1302 Infant & Toddler Transportation Requirements**

1. A vehicle transporting children under the age of thirty-six (36) months shall maintain a ratio of one (1) adult to three (3) children.

# APPENDIX A

## U.S. DEPARTMENT OF AGRICULTURE

### CHILD CARE MEAL PATTERN

Children age 12 and up may be served adult-size portions based on the greater food needs of older children, but shall be served not less than the minimum quantities specified in this section for children age 6 through 12 years. For purposes of the requirements outlined in this paragraph, a cup means a standard measuring cup. Bread, pasta or noodle products, and cereal grains shall be whole grain or enriched; cornbread, biscuits, rolls, muffins, etc. shall be made with whole grain or enriched meal or flour; cereal shall be whole grain or enriched or fortified.

| Breakfast   | Children<br>1 and 2 years   | Children<br>3 through 5 years   | Children<br>6 through 12 years  |
|---|---|---|---|
| Milk, fluid<br>Juice or fruit or vegetable<br>Bread, bread alternate***<br>and/or cereal<br>enriched or whole grain<br>Bread or<br>Cereal: Cold dry or<br>Hot cooked  | 1/2 cup (4 ounces)<br>1/4 cup<br><br>1/2 slice (1/2 ounce)<br>1/4 cup*<br>1/4 Cup   | 3/4 cup (6 ounces)<br>1/2 cup<br><br>1/2 slice (1/2 ounce)<br>1/3 cup**<br>1/4 cup  | 1 cup (8 ounces)<br>1/2 cup<br><br>1 slice (1 ounce)<br>3/4 cup***<br>1/2 cup   |
| AM or PM snack (supplement)   |   |   |   |
| (select 2 of these 4 components)<br>Milk, fluid<br>Meat or meat alternate<br>Juice or fruit or vegetable<br>Bread, bread alternate***<br>and/or cereal<br>enriched or whole (grain)<br>Bread or<br>Cereal: Cold dry or<br>hot cooked  | 1/2 cup (4 ounces)<br>1/2 ounce<br>1/2 cup<br><br>1/2 slice (1/2 ounce)<br>1/4 cup*<br>1/4 cup  | 1/2 Cup (4 ounces)<br>1/2 ounce<br>1/3 cup<br><br>1/2 slice (1/2 ounce)<br>1/3 cup**<br>1/4 cup   | 1 cup (8 ounces)<br>1 ounce<br>3/4 cup<br><br>1 slice (1 ounce)<br>3/4 cup***<br>1/2 cup  |
| Lunch or Supper   |   |   |   |
| Milk, fluid<br>Meat or meat alternate<br>(lean meat or poultry or fish)<br>Cheese<br>Egg<br>Cooked dry beans or peas<br>Peanut butter<br>Yogurt (plain or flavored)<br>(Or an equivalent quantity of<br>any combination of the above<br>meat/meat alternates)<br>Vegetable and/or fruit<br>(total of two or more)<br>Bread or bread alternate***<br>enriched or whole grain | 1/2 Cup (4 ounces)<br><br>1 ounce<br>1 ounce<br>1 large egg<br>1/4 cup<br>2 tbsps.<br>1/2 Cup<br><br>1/4 cup<br><br>1/2 slice (1/2 ounce) | 3/4 cup (6 ounces)<br><br>1 " ounces<br>1 1/2 ounces<br>1 large egg<br>3/8 cup<br>3 tbsps.<br>3/4 cup<br><br>1/2 cup<br><br>1/2 Slice (1/2 ounce) | 1 cup (8 ounces)<br><br>2 ounces<br>2 ounces<br>1 large egg<br>1/2 cup<br>4 tbsps.<br>1 1/2 cup<br><br>3/4 cup<br><br>1 slice (1 ounce) |

1/4 cup (volume) or 1/3 ounce (weight)

1/3 Cup (volume) Or 1/2 ounce (weight)

3/4 Cup (volume) or 1 ounce (weight)

Refer to Food Buying Guide "Grains and Breads" for equivalent quantities

(CASA-1)

## APPENDIX B



## U. S. DEPARTMENT OF AGRICULTURE INFANT CARE MEAL PATTERN

Meals served to infants ages birth through, 11 months must meet the requirements described in this meal pattern. Foods included in the infant meal must be of a texture and a consistency that are appropriate for the age of the infant being served. Either breast milk or iron-fortified infant formula must be served for the entire first year.

| <b>Age</b>                    | <b>Breakfast</b>  | <b>Lunch or Supper</b>  | <b>Snack</b>   |
|-------------------------------|---|---|--|
| Birth through 3 months        | 4-6 fluid ounces breast milk* or formula**  | 4-6 fluid ounces breast milk* or formula**  | 4-6 fluid ounces breast milk* or formula**   |
| 4 months through 7 months     | 4-8 fluid ounces breast milk* or formula**<br><br>0-3 tablespoons infant Cereal***  | 4-8 fluid ounces breast milk* or formula** and<br><br>0-3 tablespoons infant cereal*** and<br><br>0-3 tablespoons fruit Or vegetable or both  | 4-6 fluid ounces breast milk* or formula**   |
| 8 months up to first birthday | 6-8 fluid ounces breast milk* or formula**<br><br>and<br><br>2-4 tablespoons infant cereal<br><br>and<br><br>1-4 tablespoons fruit and/or vegetable or both | 6-8 fluid ounces breast milk* or formula** and<br><br>2-4 tablespoons infant cereal*** and/or<br><br>1-4 tablespoons meat, fish poultry, egg yolk, or cooked dry beans or peas, or ½ -2 ounces cheese, or 1-4 tablespoons cottage cheese. cheese food. or cheese spread and<br><br>1-4 tablespoons fruit or vegetable or both | 2-4 fluid ounces breast milk or formula** or fruit juice****<br><br>and<br><br>0- 1/2 slice bread or 0-2 crackers***** |

\* It is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

\*\* Iron-fortified infant formula

\*\*\* Iron-fortified dry infant cereal

\*\*\*\*Full-strength fruit juice

\*\*\*\*\* Made from whole-grain or enriched meal or flour

**(CASA-1)**

## APPENDIX C: List of Reportable Diseases

The following are the more common reportable diseases, which occur with moderate frequency in Arkansas:

|  |                                   |
|--|-----------------------------------|
| gonorrhea                              | salmonellosis (including typhoid) |
| hepatitis (A,B, Non-A, Non-B           | shigellosis                       |
| unspecified and results of serologies) | syphilis                          |
| rash illnesses (including *MEASLES,    | MUMPS                             |
| & RUBELLA)                             | tuberculosis                      |
| *WHOOPING COUGH (pertussis)            | MENINGITIS                        |

The following are less common reportable diseases that occur with low frequency in Arkansas:

|   |   |
|---|---|
| *AIDS (Acquired Immune Deficiency Syndrome)           | *Leprosy  |
| Amebiasis   | *Leptospirosis                                  |
| ANTHRAX   | *Lyme Disease                                   |
| *Aseptic Meningitis                                   | Lymphogranuloma Venereum                        |
| Blastomycosis   | *Malaria  |
| BOTULISM  | *Meningitis, <u>Hemophilus</u> Influenza Type B |
| *Brucellosis  |   |
| Campylobacter Enteritis                               | *Meningococcal infection                        |
| Chancroid   | Mumps   |
| CHOLERA   | Pesticide Poisoning                             |
| Coccidioidomycosis                                    | PLAGUE  |
| *Congenital Rubella Syndrome                          | *POLIOMYELITIS                                  |
| DIPHTHERIA  | *Psittacosis (Ornithosis)                       |
| Encephalitis (all types)                              | Q Fever   |
| FOOD POISONINGS (all types)                           | RABIES  |
| Giardiasis  | *Relapsing Fever                                |
| Gonococcal Ophthalmia                                 | *Reyes Syndrome                                 |
| Granuloma Inguinale                                   | Rheumatic Fever                                 |
| *Guillain-Barre Syndrome                              | *Rocky Mountain Spotted Fever                   |
| Histoplasmosis  | SMALL POX                                       |
| HIV (Human Immune Deficiency Virus by name & address) | *Tetanus  |
| **Influenza   | *Toxic Shock Syndrome                           |
| *Kawasaki Disease                                     | Toxoplasmosis                                   |
| *Legionellosis  | *Trichinosis                                    |
|   | *Tularemia                                      |
|   | TYPHUS FEVER/YELLOW FEVER                       |

\* The reporting physician will be contacted for additional information.

\*\* Individual cases to be reported only when laboratory testing has determined the viral type.

**The diseases in capital letters are to be brought to the immediate attention of the State Epidemiologist when suspected.**

Reporting data shall include:

- a) Names & location of reporting person
- b) Disease or suspected disease and date of onset
- c) Name, age, sex, address and phone number of patient (please spell patient's name)
- d) Name of patient's physician

The following diseases are also of public health importance and should be reported whenever there is an unusual incidence or outbreak (including seasonal). It is necessary to report: (1) physician's name and location

(2) the suspected disease (3) the number of cases and interval during which the cases were seen:

|                                    |  |
|------------------------------------|--|
| Acute respiratory disease          | Hospital acquired infections             |
| Chicken pox                        | Infectious Mononucleosis                 |
| Conjunctivitis                     | Influenza (estimate number)              |
| Dermatophytosis (ringworm)         | Pediculosis                              |
| Enteropathogenic E. Coli Diarrhea  | Pleurodynia                              |
| Epidemic Diarrhea of unknown cause | Pneumonia (bacterial, Mycoplasma, viral) |
| Gastroenteritis                    | Staphylococcal-Infections                |
| Herpangina                         | Streptococcal Infections                 |

The following occupational disease also shall be reported:

|            |                             |
|------------|-----------------------------|
| Asbestosis | Mesothelioma                |
| Silicosis  | Coal Workers Pneumoconiosis |
| Byssinosis |                             |

**FOR FURTHER ASSISTANCE CONTACT THE LOCAL COUNTY HEALTH UNIT.**

## Child Care Immunization Requirements

Recommended by Arkansas Department of Health and

Required by the Department of Human Services, Division of Child Care and Early Childhood, Licensing Division

| AGE                 | DTaP DTP/DT   | POLIO   | Hib **   | HEPATITIS B   | MMR ****               | VARICELLA ****         | PNEUMOCOCCAL **   |
|---------------------|---|---|--|---|------------------------|------------------------|---|
| <b>1-2 Months</b>   | None  | None  | None   | None (1-2 doses possible)   | None                   | None                   | None  |
| <b>3-4 Months</b>   | 1 dose  | 1 dose  | 1 dose   | 1 dose (1-2 doses possible)   | None                   | None                   | 1 dose  |
| <b>5-6 Months</b>   | 2 doses <b>OR</b> 1 dose within last 8 weeks  | 2 doses <b>OR</b> 1 dose within last 8 weeks  | 2 doses <b>OR</b> 1 dose within last 8 weeks   | 2 doses <b>OR</b> 1 dose within last 8 weeks                        | None                   | None                   | 2 doses <b>OR</b> 1 dose within last 8 weeks  |
| <b>7-12 Months</b>  | 3 doses <b>OR</b> 1 dose within last 8 weeks  | 2 doses <b>OR</b> 1 dose within last 8 weeks (3 doses possible)                                     | 2-3 doses <b>OR</b> 1 dose within last 8 weeks   | 2 doses <b>OR</b> 1 dose within last 8 weeks (3 doses possible)     | None                   | None                   | 2-3 doses <b>OR</b> 1 dose within last 8 weeks  |
| <b>13-15 Months</b> | 3 doses <b>OR</b> 1 dose within last 8 weeks  | 2 doses <b>OR</b> 1 dose within last 8 weeks (3 doses possible)                                     | 2-3 doses <b>OR</b> 1 dose within last 8 weeks (4 doses possible)  | 2 doses <b>OR</b> 1 dose within last 8 weeks (3 doses possible)     | None (1 dose possible) | None (1 dose possible) | 2-3 doses <b>OR</b> 1 dose within last 8 weeks (4 doses possible)   |
| <b>16-18 Months</b> | 3 doses or 1 dose within last 8 weeks   | 2 doses or 1 dose within last 8 weeks (3 doses possible)  | 3-4 doses with last dose on/after 1st birthday <b>OR</b> 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart <b>OR</b> 1 dose on/after 15 months of age if no prior doses   | 2 doses <b>OR</b> 1 dose within the last 8 weeks (3 doses possible) | 1 dose                 | 1 dose                 | 3-4 doses with last dose must be on/after 1st birthday <b>OR</b> 2 doses on/after 1st birthday  |
| <b>19-48 months</b> | 4 doses <b>OR</b> 3rd dose within last 6 months <b>OR</b> 1 dose within last 8 weeks  | 3 doses <b>OR</b> 1 dose within last 8 weeks  | 3-4 doses with last dose on/after 1st birthday <b>OR</b> 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart <b>OR</b> 1 dose on/after 15 months of age if no prior doses   | 3 doses <b>*** OR</b> 1 dose within last 8 weeks                    | 1 dose                 | 1 dose                 | 3-4 doses with last dose must be on/after 1st birthday <b>OR</b> 1 dose on/after 24 months of age if no prior doses <b>OR</b> 2 doses on/after 1st birthday                                   |
| <b>49-72 Months</b> | 5 doses <b>* OR</b> 4th dose within last 6 months <b>OR</b> 1 dose within last 8 weeks <b>OR</b> 4 doses with last dose on/after 4th birthday | 4 doses <b>OR</b> 1 dose within last 8 weeks <b>OR</b> 3 doses with last dose on/after 4th birthday | 3-4 doses with last dose on/after 1st birthday <b>OR</b> 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart <b>OR</b> 1 dose on/after 15 months of age if no prior doses <b>Not required on/after 5th birthday</b> | 3 doses <b>*** OR</b> 1 dose within the last 8 weeks                | 1 dose                 | 1 dose                 | 3-4 doses with last dose on/after 1st birthday <b>OR</b> 1 dose on/after 24 months of age if no prior doses <b>OR</b> 2 doses on/after 1st birthday <b>Not required on/after 5th birthday</b> |

**\* 5th DTaP/DTP/DT** (Pre-school dose) must be given on/after the child's 4th birthday and may be given at anytime from 49 to 72 months of age. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least 6 months.

**\*\* For Hib and Pneumococcal**, children receiving the first dose of vaccine at age 7 months or older require fewer doses to complete the series.

**\*\*\* 3rd dose of hepatitis B** should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks of age.

**\*\*\*\* MMR and Varicella** vaccine must be given on/after the child's first birthday.